

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101595089

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		—	—		
2	1		—	—		
3		1	—	—		
4		1	—	—		
5		3	—	—		
6	1		—	—		
7		1	—	—		
8		1	—	—		
9		3	—	—		
10		7	—	—		
11			1			
12						
13				1		
14				1		
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45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	12	←		←
TOTAL CLAIMS			15			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						